

Ravalli County Sheriff's Office  
205 Bedford Street, Suite G  
Hamilton, MT 59840-2853



Chris Hoffman, Sheriff

Kevin McConnell, Undersheriff

### **INSTRUCTIONS FOR CONCEALED WEAPON PERMIT TRANSFERALS**

**NOTE:** You can only transfer your concealed weapon permit if it is from another county in the State of Montana or from a State that we recognize their CCW permits. Once the transferal is completed you have until your old CCW expires to renew. Please come into the office before your CCW expires and complete a Renewal Application. If your CCW is one day late you will be charged \$55.00 for a renewal. If from another state, you must come in on a (Effective September 1<sup>st</sup>, 2008) Wednesday from 12:00 pm to 2 pm to complete your Renewal process. You are required to be fingerprinted before receiving a Montana Concealed Weapon Permit.

At the time you submit your Concealed Weapon Permit Transferal, you must provide the Sheriff's Office with the following:

- 1.) A valid Montana Driver's License, or other form of picture ID issued by the State of Montana.
- 2.) We will be making a copy of your current Concealed Weapon Permit.
- 3.) Also we need the following form to be completed.

#### **\*\*\*\*\*NOTICE\*\*\*\*\***

**You do not have to renew your Concealed Weapon Permit until the expiration date on your current permit.** Montana State Law states that you must notify the County in which you have moved to within ten (10) days of the move. When it is time to renew your Concealed Weapon Permit, you must come to the Sheriff's Office and start the paper work 90 days prior to the expiration. If the Permit is even one (1) day past the expiration date, you must pay the full price of \$55.00, and start the process over. As if getting a first time Concealed Weapon Permit. The fee for the renewal is \$25.00.

**We will keep the transferal information on file until it is time to renew your permit.**

**STATE OF MONTANA**  
**CONCEALED WEAPON PERMIT APPLICATION**  
**TRANSFERAL**

**To be completed by each person making the filling out the application:**

**Current Resident of Montana**      ( ) YES    ( ) NO

**PLEASE TYPE OR PRINT**

<b>Full name:</b>	<hr/>		
	<b>Last</b>	<b>First</b>	<b>Middle</b>

**Alias/Maiden/Nickname:**

**Address:**      **Home:** \_\_\_\_\_  
                                 **Street**                         **City**                         **State**                         **Zip**

**Employer:**\_\_\_\_\_

Street	City	State	Zip
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**Phone:**

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**Home                  Work                  Message**

**Driver's License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Social Security Number:**\_\_\_\_\_ **Gender:** ( ) Male ( ) Female

<b>Height:</b>	<b>Weight:</b>	<b>Eye Color:</b>	<b>Hair Color:</b>	<b>Race:</b>
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**CURRENT PERMIT NUMBER:**

NAME OF ISSUING COUNTY:

**ADDRESS:**\_\_\_\_\_ **PHONE:**\_\_\_\_\_